



**MICHIGAN  
DOMESTIC VIOLENCE  
PREVENTION &  
TREATMENT BOARD**

***MICHIGAN DOMESTIC VIOLENCE  
PREVENTION & TREATMENT BOARD***

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# **Quality Assurance Standards**

**Complete Standards Including Worksheets  
Revised May 2006**

Website: [http://www.michigan.gov/domestic violence](http://www.michigan.gov/domestic%20violence)

State of Michigan – Department of Human Services

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## STANDARDS DEVELOPMENT FRAMEWORK

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Act 389, Public Acts of the State of Michigan, 1978, which specifies the Michigan Domestic Violence Prevention and Treatment Board's powers and duties established the legal framework for adoption of standards. Specifically, Section 4, (b) requires the board to:

“Develop standards for the implementation and administration of services and procedures to prevent domestic violence and to provide services and programs for victims of domestic violence.”

The philosophical base for standards development is the Michigan Domestic Violence Prevention and Treatment Board's statement of philosophy:

Domestic violence is rooted in a sexist social structure that produces profound inequities in roles, relationships, and resources and power distribution between women, children, and men in families. Domestic violence is damaging to those individuals directly involved and to society as a whole. It is criminal conduct, which cannot be tolerated. Prevention through education, advocacy and appropriate intervention is the ultimate goal. All victims should be provided safety and must be treated with dignity and respect.

Interventions that blame the victim and do not hold the abuser accountable for the violence are ineffective and inappropriate. The Michigan Domestic Violence Prevention and Treatment Board shall encourage and advance the empowerment of victims and seek social change, which addresses the existing imbalance of power within violent relationships.

The Board believes that to make informed choices for themselves and their children, victims should have access to safety, information about domestic violence, available options, and community resources. To carry out their decisions, victims of domestic violence may require support and advocacy that respects their right to self-determination.

### RATING SCALE FOR MANDATORY STANDARDS

(E) - Exceeds Standard	The standard is surpassed in an excellent manner. <b>Comment(s) required.</b>
(M) - Meets Standard	The program is in compliance with the standard. <b>No comment(s) necessary.</b>
(P) - Partially Meets Standard	The standard is not met, but there is an acceptable written plan to do so. <b>Comment(s) and a written action/corrective plan from the agency required.</b>
(D) - Does Not Meet Standard	The standard is not met and there are no acceptable plans to do so. <b>Comment(s) and a written action/corrective plan from the agency required.</b>
(NA)	The standard does not apply.

### RATING SCALE FOR BEST PRACTICES

(M) – Meets Best Practice	The best practice is met in an exceptional manner and exceeds what is generally expected. It is likely that the practice is replicable and serves as a model for others. <b>Comment(s) necessary.</b>
( )	The program does not meet the best practice. <b>No comment(s) necessary.</b>

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## SECTION A. INTRODUCTION – POLICY AND GOVERNANCE

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### 1. Summary of the Standards

This section presents standards that encompass an organization's policies and governance – the foundation of organizational self-definition and self-regulation. Compliance with these standards will help ensure that an organization that serves survivors of domestic violence and their children will:

- A. Have a clearly articulated purpose which is compatible with the Michigan Domestic Violence Prevention and Treatment Board's statement of philosophy;
- B. Function in accordance with its stated purpose;
- C. Plan to meet the service and advocacy needs of domestic violence survivors and their children; and
- D. Evaluate the outcomes of service delivery and systems advocacy.

The role of the governing body is to give direction to the organization. The governing body may appoint an advisory body and delegate some of the functions addressed in the standards; however, the governing body is the signatory to the contract and cannot delegate its responsibilities for compliance to the standards.

### 2. Basic Considerations

These standards emphasize the role of the governing body in setting policy, identifying needs, developing a strategy to address needs and evaluating the effectiveness and efficiency of the organization. The role of the governing body and the chief executive officer are clearly differentiated; staff does not govern and the governing body does not administer the day-to-day activities. The governing body establishes policies and the staff, at the direction of the chief executive officer, implements programs reflecting those policies. A clear governance structure is in place.

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## SECTION A. THE STANDARDS – POLICY AND GOVERNANCE

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### Mandatory Standards

- \_\_\_\_\_ 1. The purpose of the organization is clearly stated and compatible with the philosophy of the Michigan Domestic Violence Prevention and Treatment Board.
- \_\_\_\_\_ 2. The organization functions in accordance with its stated purpose.
- \_\_\_\_\_ 3. The organization has a designated governing authority.
- \_\_\_\_\_ 4. The governing authority is accountable for the organization.
- \_\_\_\_\_ 5. The governing authority and any advisory body operates in accordance with acceptable practice.
- \_\_\_\_\_ 6. The governing authority establishes policies for the efficient and effective operation of the program.
- \_\_\_\_\_ 7. The organization sets goals and objectives for its management; operation; service delivery; and systems change efforts.
- \_\_\_\_\_ 8. The organization develops plans to achieve stated goals and objectives for its management; operation; service delivery; and systems change efforts.

### Best Practices

- \_\_\_\_\_ 9. Members of the governing authority and any advisory body to the governing authority are chosen in a manner that assures a broad base of knowledge and participation in the governance of the organization.
- \_\_\_\_\_ 10. There is a rotation mechanism to ensure a balance of new members.
- \_\_\_\_\_ 11. The composition of the Board reflects the racial and cultural diversity of the community.
- \_\_\_\_\_ 12. The organization takes a leadership role in identifying and addressing needs of survivors of domestic violence and/or sexual assault including significant others and children.
- \_\_\_\_\_ 13. The organization evaluates the effectiveness and efficiency of its management, service delivery and systems change functions.

## TEAM MEMBER WORKSHEET

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### SECTION A. SUPPORTING DOCUMENTATION – POLICY AND GOVERNANCE

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1. Organizational by-laws.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Written statement of mission and/or purpose.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Written statement of values and/or philosophy.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. List of board members that indicates the expertise and knowledge base they bring to the organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. List of advisory board members, if any, that indicates the expertise and knowledge base they bring to the organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Board minutes establishing advisory board, if any, defining its responsibilities, and establishing mechanisms for reporting to the governing body.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Organizational structure chart.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Board member and/or advisory board member job description.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Recent minutes or reports of the governing body or advisory board.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
10. Recent minutes or reports of committee meetings.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
11. Board orientation manual.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

12. Specialized training exists for Board members, the content of which includes Board member responsibilities; the organization's mission, philosophy, and function; general knowledge of domestic and/or sexual violence and empowerment philosophy; an orientation to funding sources, budgets and financial statements including audits; and the MDVPTB philosophy.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
13. Long range, strategic and/or annual plans.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
14. Written performance evaluation of the chief executive officer.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
15. Written policies adopted by the governing body.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
16. Evidence that the governing body evaluates service delivery functions.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
17. Brochures distributed by organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION A. DESCRIPTIVE NARRATIVE RESPONSE – POLICY AND GOVERNANCE

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1. How does the composition of the governing body and advisory board, if any, reflect the community and geographical area it represents?
2. What process does the governing body and advisory board, if any, use to recruit new members?
3. Are domestic violence and/or sexual assault service participants represented on the board or advisory board?
4. How many board meetings were held during the last year?
5. How many board members does the organization have and what was the percentage of attendance at each board meeting in the last year?
6. How are new board members oriented?
7. What are the provisions for on-going training for board members? Is board training mandatory?
8. Does every board member serve on a committee?
9. How does the governing body and advisory board, if any, evaluate its own performance?
  - How have they provided stability and/or leadership during the past year for the:
    - Domestic violence program?
    - Sexual assault program?



- How do they assure differentiated roles between the board and executive director or director of the:
    - Domestic violence program?
    - Sexual assault program?
10. What is the policy for removing board members who are not actively participating?
  11. What are the term limits for board membership and do they ensure a balance of new members and seasoned members?
  12. How and how often is a performance evaluation completed for the organization's chief executive officer and the domestic violence and/or sexual assault program's chief executive officer, when the domestic violence and/or sexual assault program is part of an umbrella organization?
  13. Does the board involve itself in any employee disputes? If so, at what point does it do so?
  14. What kind of reports do the governance board and the advisory board, if any, receive and generate so that it may adequately perform its planning and evaluation functions?
  15. Is the domestic and/or sexual assault violence program a unit within a larger organization?
    - If so, identify the title of the immediate higher position to which the director of the domestic and/or sexual violence program reports.
    - Does the larger organization use a part of the revenues designated for domestic and/or sexual violence services for administration of the larger organization?
    - What percentage of the larger organization's revenues/resources are designated for domestic and/or sexual violence services?

16. Identify those policies which the governing board or advisory body, if any, have adopted or revised over the last year.

17. What is the process the board uses for development of its long-range, strategic or annual plan?

- Describe provisions for consumer participation in organizational planning and evaluation.
- How does staff participate in the planning and evaluation process?
- Who are the other key stakeholders included in the organizational planning and evaluation process?

18. Have there been any problems involving conflicts of interest or nepotism involving any governing body members over the past year? If so, please explain.

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## **SECTION B. INTRODUCTION – COMMUNITY RELATIONS AND FUND DEVELOPMENT**

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### **1. Summary of Standards**

This section presents standards that encompass an organization's policies and practices relative to public disclosure, public relations, public education and fund development. These areas are closely related and thus, evaluated together. The way in which an organization functions in these areas directly affects the quality of service the organization is able to provide. Compliance with these standards will help ensure that an organization will:

- A. Be accountable to its publics;
- B. Inform its publics about the cause, implications, prevention of domestic violence and the treatment of domestic violence survivors and their children;
- C. Encourage cooperative relationships with individuals and community organizations in order to gain understanding and support for organizational goals, services and needs; and
- D. Attain sufficient and diversified funding support to operate current programs and plan to meet future needs.

### **2. Basic Considerations**

These standards emphasize the importance of establishment of written policies and adherence to professional guidelines as an appropriate foundation for community relations and financial development. They encompass planning, evaluation and strong professional values.

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## **SECTION B. THE STANDARDS – COMMUNITY RELATIONS AND FUND DEVELOPMENT**

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### **Mandatory Standards**

- \_\_\_\_\_ 1. Relevant goals, objectives and plans are established for community relations and fund development.
- \_\_\_\_\_ 2. Community relations and fund development are conducted in accordance with applicable professional, ethical and legal principles.
- \_\_\_\_\_ 3. The organization follows acceptable practices for public disclosure.
- \_\_\_\_\_ 4. The organization conducts a public education program that raises the community's awareness of the causes, implications and the appropriate community response to domestic and/or sexual violence.
- \_\_\_\_\_ 5. The organization's public education and public relations programs reflect the organization's philosophy and that philosophy is consistent with that of the Michigan Domestic Violence Prevention and Treatment Board.
- \_\_\_\_\_ 6. The organization conducts a fund development program that secures sufficient funds to cover its operating and capital needs.
- \_\_\_\_\_ 7. The governing body initiates and actively supports fund development efforts.
- \_\_\_\_\_ 8. The organization is readily identifiable and visible among its consumers, peer organizations and appropriate community systems.
- \_\_\_\_\_ 9. Public relations and public education materials are available in other languages for any ethnic group with a presence in the community and the geographic area served.

### **Best Practices**

- \_\_\_\_\_ 10. Materials and equipment are available to reduce barriers and assist individuals with special needs such as TTY/TTD for persons who are deaf or hard of hearing and Braille or large print for partially sighted or blind persons.
- \_\_\_\_\_ 11. Policies for community relations and fund development are comprehensive and practical.

- \_\_\_\_\_ 12. The organization uses designated personnel to implement its policies and procedures for community relations and fund development.
- \_\_\_\_\_ 13. The organization conducts a public relations program that projects an accurate positive image throughout its service area and raises the community's understanding of and support for its services.
- \_\_\_\_\_ 14. The organization builds and maintains adequate financial reserves.
- \_\_\_\_\_ 15. Each member of the governing body contributes financially to the organization.
- \_\_\_\_\_ 16. The organization comprehensively evaluates community relations and fund development programs to measure efficiency and effectiveness.

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## TEAM MEMBER WORKSHEET

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### SECTION B. SUPPORTING DOCUMENTATION – COMMUNITY RELATIONS AND FUND DEVELOPMENT

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1. Brochures, newsletters, other printed materials published by the organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Press releases from the organization and local news articles relative to domestic and/or sexual violence that mention the organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Annual report.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Client service data and records and reports used to compile data.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Training program or curriculum for public education programs.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Evidence of training of personnel who answer the phone and greet visitors.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Records or logs of public education activities and evaluations of programs by the audiences to whom presentations were made.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Marketing plan.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Fund development plan.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
10. Media response plan.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
11. Minutes of organizational body or committee meetings over the last year which document involvement in community relations and fund development activities.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
12. Evidence of interaction with community agencies that also interact with domestic violence and/or sexual assault survivors.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

13. Job descriptions of all staff members involved in community relations and fund development activities.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
14. Examples of recent direct mail appeals, grant applications and other written requests for funding.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
15. Charitable license to solicit.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
16. Records of special events.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
17. Records of contributions, revenue sources and amounts.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
18. Records of responses to inquiries for information.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
19. Progress reports to funding sources.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
20. Written evaluations of community relations or fund development programs and records and reports used to prepare evaluations. Evidence of shared responsibility by management and the governing body for community relations and fund development.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION B. DESCRIPTIVE NARRATIVE RESPONSE – COMMUNITY RELATIONS AND FUND DEVELOPMENT

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1. Describe the nature and scope of the organization's public disclosure practices. How does the organization distribute its annual report?
2. Identify the individual and staff position with primary responsibility for public disclosure, other staff positions with significant responsibility and the reporting relationship between staff.
3. What is the role of the governing body relative to public disclosure and public education?
4. How does the agency observe the tenets of client confidentiality in telling survivor stories or in the use of survivors as presenters in public education programs?
5. Describe the organization's public education program including how educators are trained.
6. Have any surveys or assessments been conducted to determine the level of recognition, respect and support for the organization?
7. Is the organization experiencing any problems with being viewed as the primary advocate in the community for domestic violence and/or sexual assault survivors? If so, what are the problems?
8. Does the organization comply with State and Federal laws related to lobbying and political activity?



9. How has the organization informed the community concerning any legislative or local government issue dealing with the rights of survivors of domestic and/or sexual violence? Describe activities.
10. How does the organization work toward inter-agency cooperation? With what community groups does the organization interact?
11. How does the organization conduct community relations activities in outlying communities?
12. How does the organization evaluate the success of its public education programs?
13. How does the organization accommodate non-English speaking communities and people who are hard of hearing, deaf, partially sighted, blind, or individuals with other special needs in your public relations and public education materials?
14. Describe the governing body's involvement in fund development.
  - What percentage of board members contribute financially to the organization?
15. How does the organization balance fund development to meet the current needs of the organization with the need to accumulate sufficient cash reserves?
16. How does the organization evaluate the success of its fund development activities?

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## **SECTION C. INTRODUCTION – PROGRAM ADMINISTRATION AND SERVICE DELIVERY**

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### **1. Summary of the Standards**

This section presents standards that encompass an organization's program administration practices and service deliver methods. Compliance with these standards will help ensure that an organization that provides services to survivors of domestic violence and their children will:

- A. Meet contract requirements relative to service delivery;
- B. Operate efficiently and effectively;
- C. Provide client-centered services that are culturally sensitive and reflect the philosophy of the Michigan Domestic Violence Prevention and Treatment Board.
- D. Present options and information relative to community resources to those who are served;
- E. Stress safety for survivors and their children; and
- F. Provide support and advocacy that respects survivors' rights to self-determination.

### **2. Basic Considerations**

These standards encompass the overall practices and procedures that the organization needs to ensure that persons served and prospective persons to be served receive the services they are eligible for, interested in, and in need of; and that those services are delivered in a manner that is client-centered, non-judgmental, culturally sensitive, and protects the dignity and right to self-determination of the persons served. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

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## SECTION C.            THE STANDARDS – PROGRAM ADMINISTRATION AND SERVICE DELIVERY

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### Mandatory Standards

- \_\_\_\_\_ 1. The organization maintains comprehensive individual client service records/case files in accordance with acceptable practices.
- \_\_\_\_\_ 2. Confidentiality of program participants is protected.
- \_\_\_\_\_ 3. All client service records are kept confidential and case closure is conducted in accordance with acceptable practices.
- \_\_\_\_\_ 4. The organization works collaboratively with other domestic violence and/or sexual assault programs throughout the State and in other States as appropriate to meet the safety and advocacy needs of survivors.
- \_\_\_\_\_ 5. Programs are conducted in accordance with applicable professional, ethical and legal principles.
- \_\_\_\_\_ 6. Relevant goals, objectives and plans are established for service delivery management.
- \_\_\_\_\_ 7. Services are client centered, non-judgmental, culturally sensitive and strive to empower the persons served.
- \_\_\_\_\_ 8. Staff is responsible for implementing policies.
- \_\_\_\_\_ 9. The chief executive officer (CEO) exercises full responsibility for the day-to-day management of the organization.
- \_\_\_\_\_ 10. The organization conducts intake services in accordance with acceptable practices.
- \_\_\_\_\_ 11. The organization has a system for case management and regularly plans with and monitors the progress of those who receive in person services.
- \_\_\_\_\_ 12. The organization orients adults and children receiving assistance to the organization and its services.
- \_\_\_\_\_ 13. The organization provides access to crisis information and shelter 24-hours each day.
- \_\_\_\_\_ 14. The organization provides all services required in the contract.

- \_\_\_\_\_15. The organization recognizes and respects the autonomy, dignity and rights of consumers.
- \_\_\_\_\_16. The organization seeks to serve persons who need its services and works to eliminate barriers to the provision of quality service to all who seek service.
- \_\_\_\_\_17. The organization provides in person legal and medical advocacy services as well as 24 hour meeting at hospitals, police stations and other safe locations for those clients who request such service.

### **Best Practices**

- \_\_\_\_\_18. The organization designs communal living policies that stress non-violence, are fair and client centered. Clients are involved in the formulation and review of policies. Policy enforcement balances the rights of all clients with the need to ensure safety for all clients including those who choose not to follow policy.
- \_\_\_\_\_19. The organization has a service delivery plan which fulfills the organization's mission.
- \_\_\_\_\_20. The organization identifies the area and population it serves in all its brochures and reports.
- \_\_\_\_\_21. The organization maintains an internal structure for efficient and effective administration.
- \_\_\_\_\_22. The organization maintains and uses meaningful service statistics in accordance with acceptable practices.
- \_\_\_\_\_23. The organization measures the efficiency and effectiveness of its management function.
- \_\_\_\_\_24. The organization uses designated personnel to manage service delivery programs.

## TEAM MEMBER WORKSHEET

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### SECTION C. SUPPORTING DOCUMENTATION – PROGRAM ADMINISTRATION AND SERVICE DELIVERY

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1. Chief executive officer job description.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Organizational chart.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Agency mission and service delivery philosophy.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Service delivery plan that describes how the agency serves survivors from their designated service area and how they serve those referred from other areas.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Applicable program evaluations.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Written reports to the governing body include documentation of advocacy, in person accompaniment, shelter nights, counseling hours and other services.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Program administration and service delivery policies include the following:
  - ☐ access to, storage and disposal of client files
  - ☐ alcohol and other illegal drugs
  - ☐ care of children
  - ☐ case management
  - ☐ changes to rules in past year
  - ☐ client rights and client grievance
  - ☐ closing of shelter, temporarily or permanently
  - ☐ communal living/house rules
  - ☐ confidentiality
  - ☐ conflict resolution
  - ☐ counseling
  - ☐ denial of service
  - ☐ ethical guidelines for staff behavior
  - ☐ equal access to services, exclusions from access
  - ☐ HIV/AIDS
  - ☐ information and referral
  - ☐ intake
  - ☐ loan of money
  - ☐ medical issues, first aid and emergency response
  - ☐ non-violence
  - ☐ orientation of residents/children to shelter

~ All “Exceeds Standard”, “Partially Meets Standard”, and “Does Not Meet Standard” ratings require comments. ~

- ☐ protection orders
- ☐ provision of crisis intervention services including counseling to minors that addresses at a minimum, parental permission and number of sessions allowed by the Mental Health Code for licensed professional staff
- ☐ referral to outside counseling services
- ☐ release of information
- ☐ release of liability
- ☐ responding to child abuse and neglect
- ☐ responding to rape and sexual assault of minors
- ☐ safe home policies, if applicable
- ☐ school attendance
- ☐ security and safety procedures
- ☐ service eligibility/admission
- ☐ service to children
- ☐ service to clients referred from other geographic areas
- ☐ sexual harassment and exploitation
- ☐ shelter of children factoring in issues related to custody and parenting time orders
- ☐ staff assignment when related to a client
- ☐ statistical documentation and reporting
- ☐ transfer of clients to another shelter
- ☐ transporting service recipients
- ☐ writing case notes and case note review

8. Written procedures for implementation of policies.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

9. Statistical reports identifying numbers served and level of service provided.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

10. Brochures and outreach materials which identify the geographical area served.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

11. Crisis call activity log indicating time of call, person taking the call and disposition of the call.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

12. Samples of individualized service plans and case notes.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

13. Resource and referral manual.

- ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION C. DESCRIPTIVE NARRATIVE RESPONSE – PROGRAM ADMINISTRATION AND SERVICE DELIVERY

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1. Describe the process for distribution of information relative to program administration and policy to service delivery staff.
2. Describe the process for staff sharing of case management information.
3. Describe how the client's service plan is developed.
4. How do your services reflect your mission and the Michigan Domestic Violence Prevention and Treatment Board's philosophy?
  - How often do you review the mission and philosophy?
5. How do you provide outreach to isolated geographical areas in your service area?
6. Why might a person seeking service be denied?
  - What arrangements are made to ensure their safety if they are not provided service?
  - Do you maintain a list of persons not eligible for service?
  - If so, how often is that list reviewed?
7. How do you ensure that immigrant survivors are not excluded from service as part of the admission procedure?
8. What services are provided to adults?
  - Who provides them?
  - How often are they provided ?
  - What is the anticipated outcome?
9. What services are provided to children?
  - Who provides them ?

- How often are they provided ?
- What is the anticipated outcome?

10. What is the organization's philosophy relative to advocacy on behalf of individual clients?

11. Describe how your organization instructs survivors in the dynamics of:

- Domestic violence? – How do you measure their knowledge?
- Sexual assault? – How do you measure their knowledge?

12. Describe how your organization instructs survivors about available resources and ways to access services when threatened with violence or when violence has occurred:

- Domestic violence survivors? – How do you measure their knowledge?
- Sexual assault survivors? – How do you measure their knowledge?

13. Describe how your organization helps survivors understand the ways in which they are isolated, the importance of establishing support systems and how to establish support systems for:

- Domestic violence survivors? – How do you measure their understanding?
- Sexual assault survivors? – How do you measure their understanding?

14. Describe how your organization helps survivors understand the importance of self-sufficiency and setting goals to achieve it:

- Domestic violence survivors? – How do you measure their understanding?
- Sexual assault survivors? – How do you measure their understanding?

15. How do you work with survivors of domestic and/or sexual violence and their children on safety plans?

16. Describe how communal living policies are formulated, reviewed and enforced.

- How is conflict resolved?

17. How are violent encounters in the shelter addressed?

18. How does your organization provide examples of non-violent methods of discipline for shelter residents with children?

- How are non-violent practices and principles between adults modeled?

~ All "Exceeds Standard", "Partially Meets Standard", and "Does Not Meet Standard" ratings require comments. ~



19. What are the circumstances under which a survivor and/or her children may be asked to leave the shelter?
20. What arrangements are made for their safety?
21. How does your organization provide legal information and advocacy for survivors of domestic and/or sexual violence?
22. How does your organization provide medical information and advocacy for survivors of domestic and/or sexual violence?
23. Describe what your organization does to ensure cultural sensitivity.
24. How are case records managed?
  - Who has oversight?
  - How does the person who has oversight respond when judgmental comments are noted in client files?
  - How do you ensure no harm for clients based on what you keep in case files?
25. How do you protect individual case files from persons in the organization or others who are not working directly with the client?
26. Are case files conveniently located for those who do work directly with clients?
27. How do you protect confidentiality when destroying case records after the maximum required storage time has ended?
28. Do case records include:
  - ☐ a complete client information form
  - ☐ an assessment of services needed
  - ☐ an accounting of services provided
  - ☐ efforts to facilitate and coordinate services with other community agencies
  - ☐ release of liability signed by the client
  - ☐ release of information forms signed by the client
  - ☐ proof of client notification of the organization's grievance policy
  - ☐ other documentation measuring service delivery outcomes?

29. How are subpoenas handled?
30. How are child protective service issues handled?
31. How would your organization characterize the goals of its counseling programs?
32. Is clinical supervision available to counseling staff when appropriate?
- How is it accessed?
  - Who decides when it is needed?
33. Do you allow tape or video recording of counseling sessions with adults or children?
34. Describe the ways in which your organization makes it possible for clients to access:
- Transportation?
  - Child care?
  - Health services?
  - Financial services?
  - Legal services?
35. Is direct financial service provided to clients?
- Who has access to the funds?
  - How are funds accounted for?
36. Have you referred or transported survivors to other domestic violence and/or sexual assault service providers in the last year?
- Have other programs referred or transported survivors to your program?
  - Were there any problems in that process?

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## **SECTION D. INTRODUCTION – STAFF AND VOLUNTEER MANAGEMENT**

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### **1. Summary of the Standards**

This section presents standards that address an organization's policies and practices regarding staff and volunteers. Compliance with these standards will help ensure that an organization that provides domestic violence services will:

- A. Employ qualified persons who will create an ethical, supportive and secure environment for survivors and their children;
- B. Recruit and maintain a staff with diverse characteristics qualified to perform the work required and reflective of the community and geographic area in which the organization is located;
- C. Maintain a staff of persons who are sufficiently trained and highly motivated; and
- D. Establish policies that clearly define roles, are equitable, and meet legal requirements related to personnel management.

### **2. Basic Considerations**

These standards encourage strong professional values. They assume that written policies and consistent practice are the cornerstone of a quality human resource system.

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## SECTION D. THE STANDARDS – STAFF AND VOLUNTEER MANAGEMENT

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### Mandatory Standards

- \_\_\_\_\_ 1. A comprehensive manual containing all personnel policies is maintained, kept current, and made available to all staff.
- \_\_\_\_\_ 2. Acceptable practices are followed for recruiting, hiring and assigning staff.
- \_\_\_\_\_ 3. Responsibility for hiring/firing is clearly defined.
- \_\_\_\_\_ 4. The efficiency and effectiveness of the staff and volunteer program administration is evaluated.
- \_\_\_\_\_ 5. The administration of staff and volunteers is in accordance with applicable professional, ethical and legal principles.
- \_\_\_\_\_ 6. The organization establishes written qualifications for all positions and employs persons who meet or exceed those qualifications.
- \_\_\_\_\_ 7. The organization's personnel policies attract and retain qualified personnel.
- \_\_\_\_\_ 8. Acceptable screening practices of new staff members, which serve to protect the agency and its clients, are clearly defined and followed.
- \_\_\_\_\_ 9. The organization recruits a diverse staff that is reflective of the community and geographic area in which the organization is located.
- \_\_\_\_\_ 10. Acceptable practices are followed for the orientation, development and basic introductory training of staff and volunteers. Training content is compatible with the Michigan Domestic Violence Prevention and Treatment Board's statement of philosophy. Specialized training on both domestic and sexual violence exists for those individuals answering the 24-hour line and/or working in-person with residential or non-residential clients. Individuals attend the MCADSV New Service Providers Training or the content of the organization's training program includes:
  - Child sexual abuse
  - Crisis and trauma intervention principles and techniques
  - Domestic violence and children
  - Dynamics of domestic violence
  - Empowerment philosophy specific to domestic and sexual assault
  - Historical, psychological, and societal-cultural aspects of domestic and sexual violence

- Introduction to court systems especially as applicable to domestic and/or sexual assault survivors
- Introduction to key laws related to domestic and sexual violence including confidentiality
- Introduction to law enforcement procedures applicable to survivors of domestic and/or sexual assault
- Medical procedures applicable to sexual and domestic assault survivors including evidence collection procedures
- Provision of services toward groups that are unreached and/or “traditionally underrepresented” in local communities
- Resource identification, access, and advocacy
- Sexual assault in the context of domestic violence relationships

\_\_\_\_\_ 11. A comprehensive, confidential personnel record is maintained for each paid/volunteer staff member.

\_\_\_\_\_ 12. Acceptable practices are followed in terminating employment of staff.

\_\_\_\_\_ 13. Comprehensive job descriptions are available for all paid/volunteer positions.

### **Best Practices**

\_\_\_\_\_ 14. Policies for the management of staff and volunteers are comprehensive and practical.

\_\_\_\_\_ 15. Relevant goals, objectives and plans are established for staff and volunteer administration.

\_\_\_\_\_ 16. The organization uses designated personnel to implement its policies and procedures regarding staff and volunteers.

\_\_\_\_\_ 17. The personnel policies include work hours, leave and benefits designed to attract and retain qualified staff.

\_\_\_\_\_ 18. Acceptable practices are followed in supervising and evaluating paid/volunteer staff.

\_\_\_\_\_ 19. A job classification system and salary ranges are maintained to attract and retain qualified personnel.

\_\_\_\_\_ 20. A comprehensive volunteer manual containing all volunteer policies and practices is maintained, kept current and made available to all volunteers.

\_\_\_\_\_ 21. Acceptable practices are followed in recruiting and assigning volunteers.

\_\_\_\_\_ 22. Screening practices for volunteers serve to protect the agency and its clients.

\_\_\_\_\_ 23. Acceptable practices are followed in the supervision, evaluation and termination of the participation of volunteers.

- \_\_\_\_\_24. The organization determines the need for volunteer services and utilizes the services of volunteers as appropriate.
- \_\_\_\_\_25. The organization adopts policies that attract and retain qualified volunteers.
- \_\_\_\_\_26. The volunteer policies provide for hours, benefits and recognition that are designed to attract and retain qualified volunteers.
- \_\_\_\_\_27. Volunteers are qualified for their responsibilities.

## TEAM MEMBER WORKSHEET

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### SECTION D. SUPPORTING DOCUMENTATION – STAFF AND VOLUNTEER MANAGEMENT

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1. Applicable long-range, strategic and/or annual plans which address human resource issues.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Organizational chart.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Job descriptions for paid staff and volunteers.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Training manuals for paid staff and volunteers and current agendas of training sessions.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Evidence of reporting and payment of employment taxes.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Employer identification number.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Paid staff and volunteer evaluation forms.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Individual paid staff and volunteer personnel files.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Non-discrimination and affirmative action policies.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
10. Paid staff and volunteer development plans.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
11. Appeal procedures for paid staff and volunteers.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
12. Personnel policies including:
  - ☐ Access for persons with special needs including those who use wheelchairs, are partially sighted, blind, hard of hearing, or deaf
  - ☐ Access to personnel files
  - ☐ At will employment
  - ☐ Benefits
  - ☐ Criminal checks
  - ☐ Domestic violence and/or sexual assault

~ All “Exceeds Standard”, “Partially Meets Standard”, and “Does Not Meet Standard” ratings require comments. ~

- ❑ Educational assistance and conference attendance
- ❑ Employee development
- ❑ Employee status, exempt/non-exempt, full-time/part-time, and benefit eligibility
- ❑ Ethical behavior
- ❑ Family Leave Act, if applicable
- ❑ Holidays
- ❑ Identification of hiring authority
- ❑ Method of salary progression
- ❑ Nepotism/conflict of interest
- ❑ Performance appraisals
- ❑ Personal, emergency, disability, maternity, jury, military leave
- ❑ Personnel files maintenance
- ❑ Progressive discipline
- ❑ Salary ranges
- ❑ Sexual harassment
- ❑ Sick leave accrual and use
- ❑ Substance abuse including testing
- ❑ Termination procedures
- ❑ Training requirements
- ❑ Working hours, overtime and paydays, documentation
- ❑ Workplace violence



## TEAM MEMBER WORKSHEET

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### SECTION D. DESCRIPTIVE NARRATIVE RESPONSE – STAFF AND VOLUNTEER MANAGEMENT

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1. Describe the methods used to ensure the hiring of a diverse workforce reflective of the community and geographic area in which the organization is located.
2. Describe your pre-hiring screening process for paid staff and volunteers.
  - Are any special steps taken in screening volunteers and paid staff who have access to children?
  - What are those steps?
3. Describe the orientation and training process for paid staff and volunteers. Include a description of your training outline and materials containing:
  - Training goals and objectives
  - Hours of training
  - Content including community resources
  - Domestic violence and/or sexual assault response
  - Specialized emergency information
  - How the organization evaluates knowledge gained from training
  - Describe how the Michigan Domestic Violence Prevention and Treatment Board's philosophy statement is integrated into the organization's training programs
4. How does your organization manage continued development of paid staff and volunteers to ensure they are current with developments in the prevention and treatment of domestic and/or sexual violence?
5. How does your organization ensure that it is in compliance with federal and state employment laws?

6. Does your organization have a policy related to hiring relatives or friends?
  - Does the policy assure that those individuals will not be hired or supervised by the person who is related?
  - What measures does the organization take to avoid the appearance of conflict of interest?
7. How many volunteers are currently active?
  - What methods are used to keep volunteers motivated?
  - How are volunteers supervised and how does the program keep in touch with the actions and effectiveness of the volunteers?
  - Do volunteers have access to an employee at all times?
8. Describe your performance evaluation process for paid staff and volunteers.
  - How often is evaluation performed?
  - What is its relationship to job descriptions and to goals mutually set by the supervisor and paid staff or volunteer?
9. Describe the organization's expected ethical behavior for its paid staff and volunteers. Include:
  - Treatment of clients
  - Relationships with clients
  - Confidentiality
  - Substance abuse
  - Use of materials and equipment which belong to the agency
  - Outside work including domestic violence and/or sexual assault consulting work for which they might be paid by someone other than the organization
  - Expectations of involvement when attending employer-paid conferences
  - Any other ethical issue of importance to the organization
10. How does the organization administer its salary and benefits program to ensure that it is equitable and competitive?

11. How does the organization disseminate information to the paid staff and volunteers?
12. How does the organization maintain paid and volunteer staff personnel records including access, confidentiality, retention and storage?
13. Describe your organization's process for addressing inadequate performance by paid and volunteer staff.
  - Progressive discipline issues, if applicable, through procedures for termination.
  - Have there been any grievances filed in the past year?
  - How were they resolved?
  - Does your organization provide references for employees seeking employment after termination?
14. How does the organization resolve conflicts between staff, paid or volunteer?
15. How does your organization handle issues related to an employee living in a violent relationship?
16. Does your organization review proof of insurance and valid drivers licenses for all paid staff and volunteers who drive for the organization or transport clients as a part of their work responsibilities?

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## **SECTION E.           INTRODUCTION – SYSTEMS CHANGE**

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### **1. Summary of the Standards**

This section presents standards that encompass an organization's advocacy efforts to ensure that those community systems used by domestic violence survivors, during crisis and in their effort to end violence in their lives, effectively and sensitively responds to their needs. These systems include, but are not limited to, the criminal and civil justice systems, the medical health and mental health systems, the children's services systems, the educational system, the religious community, the social services system and the legal system. Compliance with these standards will help ensure that the organization will work collaboratively with people in these systems to change those practices that are not helpful and to positively re-enforce those practices that are.

### **2. Basic Considerations**

These standards address the education and advocacy efforts in which the organization needs to engage to ensure that domestic violence survivors and their children, and those at risk of domestic violence, are protected and treated compassionately by those who are asked for or can offer help. The overall goal is to create an effective response system in the community and to change cultural attitudes and institutional practices that support violence. It is important to remember, however, that standards can only address the issues for which the organization can be accountable. They cannot be held accountable for whether a system changes. They can be held accountable for their efforts to educate and advocate in the hope that change will result.

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## SECTION E. THE STANDARDS – SYSTEMS CHANGE

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### Mandatory Standards

- \_\_\_\_\_ 1. The organization advocates with community systems personnel on behalf of individual survivors, their significant others including children, and on behalf of all survivors of domestic violence and/or sexual assault as well as those at risk for domestic violence and/or sexual assault.
- \_\_\_\_\_ 2. The organization prioritizes the community systems and organizations which need to be impacted first and develops a plan which defines strategies to work with each community system to change harmful practices and to re-enforce helpful practices. The plan is adopted by the board.
- \_\_\_\_\_ 3. The organization works collaboratively with those community systems used by domestic violence and/or sexual assault survivors during crisis and in their effort to end violence in their lives. The goal is to change institutional practices that support domestic and/or sexual violence.

### Best Practices

- \_\_\_\_\_ 4. The organization conducts public education sessions targeted to personnel employed by community systems organizations.
- \_\_\_\_\_ 5. The organization identifies those systems and organizations throughout its service area which affect the prevention and treatment of domestic and/or sexual violence.
- \_\_\_\_\_ 6. The organization evaluates the practices of those systems and organizations throughout its service area which affect the prevention and treatment of domestic and/or sexual violence to determine which cause harm and which are helpful.
- \_\_\_\_\_ 7. The organization uses designated personnel to implement its plan.
- \_\_\_\_\_ 8. When possible, members of the organization formally participate in policy-making and evaluation of domestic violence and/or sexual assault policies in local community systems through task forces, advisory boards, etc.

## TEAM MEMBER WORKSHEET

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### SECTION E. SUPPORTING DOCUMENTATION – SYSTEMS CHANGE

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1. Board adopted systems change plan.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Organizational chart/job description of designated systems change personnel.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Educational curriculum/materials specifically designed for systems change education.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Evaluations of educational presentations to systems personnel or community groups that determine whether there is an understanding of the issues listed as outcomes.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Law enforcement response policies.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Assessment of how community systems/organizations are responding to the issues of domestic violence and sexual assault, to survivors and significant others including children.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Records indicating involvement with collaborative bodies working on systems change.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Media articles that address advocacy and systems change work conducted by the organization.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Case files that indicate individual advocacy efforts on behalf of clients.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION E. DESCRIPTIVE NARRATIVE RESPONSE – SYSTEMS CHANGE

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1. Describe relationships, collaborations and partnerships with key figures in community systems.
2. Describe any training the organization's staff has received in the last year relative to providing effective advocacy for survivors of domestic and/or sexual violence and their significant others including children.
3. Describe the ways in which you advocate on behalf of individual domestic and/or sexual assault survivors. How do you encourage survivors to advocate on their own behalf?
4. Do you actively seek evaluative information from systems which affect the prevention and treatment of domestic violence and/or sexual assault about the ways in which you can work better together?
  - Do you seek ideas from other systems to improve the prevention and treatment of domestic violence and/or sexual assault in your community?
5. Describe how you handle inappropriate practices carried out by the systems that affect the prevention and treatment of domestic violence and/or sexual assault.
6. Does your community have a collaborative body that meets regularly to address issues of domestic violence and/or sexual assault?
  - Who is involved?
  - What are the group's activities?
  - What has changed as a result?
7. Describe how you address systems change issues in outlying communities or counties.
8. Have there been any cases within the last year in your community in which a systems change organization responded inappropriately to your agency, a domestic violence and/or sexual assault survivor or their significant others including children? Did you respond and, if so, describe what you did.
9. Describe any positive changes that you believe have occurred in the way another organization responds to domestic violence and/or sexual assault survivors because of your organization's involvement.
10. Describe what you would do in your community if you had more resources.

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## SECTION F. INTRODUCTION – FINANCIAL MANAGEMENT

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### 1. Summary of the Standards

This section presents standards that encompass the organization's management of financial resources. Continuous monitoring of the organization's financial status is essential if its effectiveness and viability are to be maintained. Compliance with the standards will help to ensure that:

- A. Financial resources are prudently used;
- B. There is an accounting of how financial resources are used;
- C. There is public disclosure of how financial resources are used.

### 2. Basic Considerations

These standards stress that Generally Accepted Accounting Principles (GAAP) with regular internal and external reports and audits are the foundation for prudent management of capital, endowment and operating income and expenses.

It is the role of the governing body to ensure financial accountability and that the bulk of the organization's resources are used to meet service needs.



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## SECTION F. THE STANDARDS – FINANCIAL MANAGEMENT

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### Mandatory Standards

- \_\_\_\_\_ 1. Financial management is conducted in accordance with applicable professional, ethical and legal principles.
- \_\_\_\_\_ 2. The organization provides and maintains adequate insurance coverage and bonding of staff responsible for financial resources.
- \_\_\_\_\_ 3. The organization provides and maintains officers and director's liability insurance.
- \_\_\_\_\_ 4. The organization provides and maintains professional liability insurance.
- \_\_\_\_\_ 5. The organization prepares financial statements that clearly and fairly present the organization's financial position.
- \_\_\_\_\_ 6. The governing body adopts and the chief executive officer implements comprehensive budgets in accordance with acceptable practices.
- \_\_\_\_\_ 7. The organization prudently manages its operating, endowment and capital funds.
- \_\_\_\_\_ 8. The organization has sufficient cash flow to meet its operating needs.
- \_\_\_\_\_ 9. The organization maintains an adequate system of internal controls including effective and efficient systems to account for all financial transactions to safeguard assets and to prevent or detect fraud.
- \_\_\_\_\_ 10. The organization provides for an annual audit by independent accountants.
- \_\_\_\_\_ 11. The organization provides for annual public disclosure of its financial position.
- \_\_\_\_\_ 12. The organization annually meets Form 990 filing requirements.

### Best Practices

- \_\_\_\_\_ 13. Policies for financial management are comprehensive and practical.
- \_\_\_\_\_ 14. Relevant goals, objectives and plans are established for financial management and long term financial stability.
- \_\_\_\_\_ 15. The organization uses designated and appropriately qualified personnel to implement its policies and procedures for financial management.

- \_\_\_\_\_16. The governing body continuously reviews and analyzes its financial position.
- \_\_\_\_\_17. The governing body adopts and regularly reviews salary range and fringe benefit schedules.
- \_\_\_\_\_18. The organization maintains adequate cash reserves.

## TEAM MEMBER WORKSHEET

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### SECTION F. SUPPORTING DOCUMENTATION – FINANCIAL MANAGEMENT

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1. Written accounting and financial management policies have been adopted by the governing body.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Written purchasing and inventory control policies are in place.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Written policies exist to control the investment of unexpended fund balances and to obtain a maximum return on investments.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. The organization has a written plan for financial management and long term financial stability.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Job description and resume of person(s) responsible for implementation of accounting policies and procedures for financial management are in place.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Organization provided:
  - Proof of bonding insurance  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - Proof of officer's and director's liability insurance  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - Proof of professional liability insurance  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - Monthly financial statement for the last year  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - Chart of accounts  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - The current approved operating budget  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  - Minutes of governmental body meetings which indicate board adoption of the budget  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

- Salary range schedule
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  
- Minutes of meeting in which salary schedule was adopted
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  
- Minutes of finance committee meetings
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  
- Most recent audit conducted by independent accountant
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  
- Annual report which publicly discloses financial position
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
  
- Form 990 for most recently completed fiscal year
  - ☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION F. DESCRIPTIVE NARRATIVE RESPONSE – FINANCIAL MANAGEMENT

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1. Is accounting done on an accrual basis?
2. Is there functional allocation of indirect costs?
3. Are fundraising costs identified?
4. Are management and general costs identified?
5. Are net assets segregated as unrestricted, temporarily restricted and/or permanently restricted?
6. Are changes in each class of net assets disclosed on statement of activities?
7. Is the policy regarding treatment of contribution for which restrictions are met in the same period disclosed?
8. Are unconditional promises to give measured at fair value? If long-term, are promises to give discounted to present value with appropriate footnote disclosures?
  - Is there footnote disclosure of conditional promised to give?
9. Describe the organization's internal control procedures.
  - What are the lines of authority and reporting for employees involved in accounting activities?
  - Are all transactions authorized by an appropriate responsible individual?
  - What are the limits of authorization?
  - Is mail opened by someone other than the bookkeeper?
  - Does someone list all receipts both cash and checks, showing from whom it was received and the amount?
  - Are pre-numbered receipts issued immediately for all cash received?
  - How frequently are deposits made?
  - Are all checks immediately endorsed "For Deposit Only"?

- Are bank statements reconciled by someone other than the person authorized to deposit or withdraw money?
    - ◆ Are pre-numbered checks used?
    - ◆ Are two signatures required?
    - ◆ Are checks ever pre-signed or is a signature stamp used?
10. Have all payments for the following been made and made in a timely fashion in the last year?
- Payroll taxes
  - Worker's compensation insurance
  - Unemployment insurance
11. How are employee hours of work tracked?
12. How do you determine which employees are exempt or non-exempt for overtime provisions of the Fair Labor Standards act?
13. How are employee benefits tracked?
14. How is the budget developed and approved?
15. How does the chief executive officer monitor the financial situation/status of the organization?
16. How does the governing board monitor the financial situation/status of the organization?
17. What process does the governing board use to assure that salaries are locally competitive?
18. Does the board have a policy on accumulation of reserves? How many days of expenses could be covered by the amount of reserve on hand?
19. How is travel reimbursement handled?
- Is there a travel and reimbursement policy?
  - How does the governing board determine reimbursement rates?
  - Are receipts required for expenses paid out-of-pocket by the employee?
  - Do travel policies define what is considered a workday for non-exempt employees attending a conference?

- Are employees required to complete a mileage reimbursement form that indicates where they have traveled to, how many miles they've gone, reimbursement rate per mile and total cost?
  - Is a prior approval required for reimbursement for purchases?
20. Are there policies on personal use of agency telephones and office equipment by staff members? What are they?
  21. Is there a policy relative to use of personal credit cards to pay reimbursable expense?
  22. What is the policy relative to employees and volunteers using their own auto on organization business?
  23. Has it been necessary for the organization to borrow to meet expenses in the last year?
  24. What percentage of the budget is allocated for management and general costs?
  25. What percentage of the budget is allocated for fund development costs?
  26. What are the organization's requirements for competitive bidding for purchases?
  27. How does the agency control the investment of unexpended fund balances? Are there procedures to obtain a maximum return on investments?
  28. Do audit components include a balance sheet/statement of financial position, statement of activities, statement of cash flows and notes to financial statements?
  29. Did the auditor prepare a management letter? Did the agency provide a written response?
  30. Does the independent author meet with the governing body or its designated committee at least annually to discuss the audit report and together matters of concern?
  31. What are the limits of your various liability insurance's? What do they cover?
  32. Is an inventory of equipment and furnishing conducted periodically?

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## **SECTION G:           INTRODUCTION – FACILITY, SAFETY, SECURITY AND HEALTH**

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### **1. Summary of the Standards**

This section presents standards that address the organization's policies and practices regarding its essential physical resources and the activities conducted in its buildings and on its grounds and in the transport of clients. Compliance with these standards will help to ensure a setting that is accessible, functional, attractive, and safe for consumers, visitors, staff and volunteers.

### **2. Basic Considerations**

These standards encompass the overall practices and procedures that the organization employs to ensure that the facility and grounds that the organization rents or owns is appropriately accessible, functional, attractive, safe and secure for persons served, visitors, employees and volunteers. They ensure that the organization meets legal requirements regarding access, safety and health as well as acceptable standards of cleanliness and functionality.



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## **SECTION G.            THE STANDARDS – FACILITY, SAFETY, SECURITY AND HEALTH**

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### **Mandatory Standards**

- \_\_\_\_\_ 1. The organization adheres to all applicable zoning, building, fire, health and safety codes of the community in which the organization is located.
- \_\_\_\_\_ 2. The organization adheres to all applicable laws related to safety in the transport of children and adults.
- \_\_\_\_\_ 3. Building and grounds are accessible and/or alternative arrangements are in place to accommodate clients with special needs.
- \_\_\_\_\_ 4. Building and grounds are safe.
- \_\_\_\_\_ 5. Cleaning supplies and other toxic household materials are safely stored.
- \_\_\_\_\_ 6. Programs and equipment are accessible.
- \_\_\_\_\_ 7. The buildings are smoke-free.
- \_\_\_\_\_ 8. Food preparation, storage and service areas meet local health department standards.
- \_\_\_\_\_ 9. The organization provides protection from fire and there is a system for early warning of fire.
- \_\_\_\_\_ 10. In the event of fire or other emergencies, the organization provides for the protection and safe evacuation of persons from its buildings and grounds.
- \_\_\_\_\_ 11. The organization provides personal care supplies to clients and their children residing in shelter.
- \_\_\_\_\_ 12. The organization institutes practices and procedures which, insofar as possible, protect survivors and significant others including children from attack by assailants or perpetrators.
- \_\_\_\_\_ 13. The organization has provisions for first aid and emergency medical care for its clients, staff, and volunteers and visitors.

## Best Practices

- \_\_\_\_\_14. Policies for the management of facilities are comprehensive and practical.
- \_\_\_\_\_15. Relevant goals, objectives and plans are established for building and grounds, safety and health.
- \_\_\_\_\_16. The organization uses designated personnel to implement its policies and procedures relative to the facility, security and health.
- \_\_\_\_\_17. Comprehensive evaluations are conducted to measure the efficiency and effectiveness of the operations and maintenance of buildings and grounds, safety and health.
- \_\_\_\_\_18. Buildings and grounds are functional.
- \_\_\_\_\_19. The buildings and grounds are attractive and clean.
- \_\_\_\_\_20. The organization provides private counseling space, private sleeping and bathroom space and space for private reflection and telephone use, if practical.
- \_\_\_\_\_21. The organization houses only the number of people in the shelter that can adequately be served.
- \_\_\_\_\_22. The organization provides play areas inside and out for children residing in the shelter.
- \_\_\_\_\_23. The organization takes measures to protect the property of consumers, staff, volunteers and the organization itself from theft.

## TEAM MEMBER WORKSHEET

### SECTION G. SUPPORTING DOCUMENTATION – FACILITY, SAFETY, SECURITY AND HEALTH

1. Written facility management policies.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Evidence of adherence to codes, occupancy certificates, health department certificates, etc.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Written plan that addresses facility, health and safety issues.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Organizational chart/job description of personnel responsible for building maintenance and health and safety issues.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Evaluations of facility, health and safety issues.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Contracts related to building maintenance.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Building evacuation policy and procedures.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Occupancy records which indicate the number of people housed daily over the last year.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Security policies for protection of clients, staff, and volunteers.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
10. Liability and fire insurance coverage.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
11. First aid and medical emergency policies.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
12. Policy on cardiopulmonary resuscitation, universal precautions and communicable diseases training for staff.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
13. Policy regarding seat belts in all vehicles used for agency business.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
14. Approved car seats available, properly installed and used for transporting all children as required by law.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

~ All “Exceeds Standard”, “Partially Meets Standard”, and “Does Not Meet Standard” ratings require comments. ~

## TEAM MEMBER WORKSHEET

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### SECTION G. DESCRIPTIVE NARRATIVE RESPONSE – FACILITY, SAFETY, SECURITY AND HEALTH

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1. Who is responsible for facility, health and safety policy and implementation?
  - How is oversight accomplished?
  - Describe security, safety and health training for staff.
  - Is the organization adequately insured?
2. Are there local health and fire codes you are expected to meet?
  - Are you inspected regularly by these departments and what is the outcome of those inspections?
  - Have you been cited for non-compliance with any of these requirements in the last year?
  - If so, how was it resolved?
3. The peer review team will tour your facility and grounds during the visit. They will look at issues related to access, the sufficiency of bed space, opportunities for privacy, smoke detectors and fire extinguishers to ensure that they are operable and/or inspected, the sufficiency of common area space, play areas for children, opportunities for ventilation, safety related to screens, storage of toxic materials, and availability of first aid supplies. They will observe the level of cleanliness and whether the facility is comfortable and inviting and the office is organized and business-like. They will look at the adequacy of trash disposal and storage of food. They will talk with you about how you accommodate dietary requirements and your attention to cultural preferences related to food and how you provide for adequate nutrition needs.
4. Does your organization regularly employ a commercial pest control company?
  - If not, how do you control for extermination of pests?
  - How do you deal with donated goods that may present a health problem?

5. How do you provide for safety related to the facility and grounds?
6. How do you plan for security including protection from assailants, perpetrators and from other shelter residents? Consider the:
  - shelter
  - telephones
  - grounds
  - offices
  - security of clients and their children when they leave the grounds while a resident
  - Do you have a policy relative to assailants/perpetrators on the premises?
  - What policies have you instituted to protect children while in shelter?
  - Is your shelter location a secret and what is the rationale?
  - If so, how is that received in the community?
7. What arrangements are made for clients who smoke?
  - Is there adequate protection for non-smokers?
  - Do you provide for storage of matches and lighters out of the reach of children?
8. What are your evacuation procedures in case of fire or natural disasters?
  - Do you practice with staff and clients?
  - Are bedroom windows marked to alert firefighters during a fire?
9. What are your policies and procedures for routine cleaning throughout the facility and in the food preparation and service areas?
10. Is your facility in compliance with regulations related to lead, radon, asbestos and carbon monoxide?
11. What are your procedures for medical emergencies?
12. What are your procedures for required workers compensation reporting?

13. What measures do you take if a person in shelter has an infectious disease?
14. Are employees provided:
- CPR training?
  - Education on communicable diseases?
  - Universal precautions training?
  - Testing for tuberculosis and hepatitis?
15. How do you deal with other resident health care issues such as allergies or chronic health care issues?
16. Is all of your major equipment functional including the furnace, stove, refrigerator?
17. Is the crisis line always accessible? Will a caller ever experience a busy signal?
18. Are clients and their children encouraged to develop a safety plan should violence re-occur?
19. Do all vehicles used to transport clients and their children have operable seat belts?
- Do you have approved safety seats available for children?
  - Are children under twelve encouraged to sit in the back seat?
  - How do you communicate laws regarding child safety during transport to staff and volunteers?

The peer review team will tour your facility and grounds during the visit and complete the following checklist:

**Shelter Visit Checklist:**    **Y = Yes**    **N= No**    **UTD= Unable to Determine**

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	No alcohol, illegal drugs or weapons are allowed on the premises
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Services for those dependent on alcohol or illegal drugs are available either directly or through referral

**The shelter has written policies and procedures that:**

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Regulate access to the facility
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Document the coming and going of clients

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Require school aged children to attend school or the provider has school provided on site
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Regarding child care provision
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Require volunteers/staff transporting clients in personal vehicles to have a valid driver's license on file
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Require children under 12 to sit in the back seat in vehicles with front air bags and for making sure child safety seats are properly installed and used for children under 40 lbs
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Require all passengers/drivers to wear seat belts
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Prohibit smoking in vehicles if clients/children are being transported
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Require that all vehicles used to transport clients/children be insured for liability and physical damage

**Shelter Facility:**

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Is handicap accessible or has policies and procedures in place to secure alternative shelter for disabled clients
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Prohibits cooking, space heating or smoking in sleeping rooms
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Is clean
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Is in good repair
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate personal supplies available to clients and their children
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has policies and procedures in place for assuring safety in food preparation, storage and disposal
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	House rules clearly identify client participation in shelter upkeep and client participation is not excessive
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Allows sufficient client access to food/drinks
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Prohibits smoking inside the facility
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate bed/crib space available for each client
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate operable restrooms and bathing facilities available for clients and their children
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Entrances, exits, steps, walkways, etc. are clear
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate illuminated and operable fixtures and outlets in place
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate pest control and garbage removal
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has proof of passing an annual furnace inspection on file that includes a carbon monoxide test
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate 24 hour heat, electricity and water service available
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Kitchens or food service areas are free of grease build up or ventilation equipment, rodents, rodent droppings and insects
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Is equipped with an operable fire detection system
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has policies/procedures in place for providing and documenting quarterly fire detection system tests
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Documents that the fire detection system has been regularly tested
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Conducts quarterly fire drills
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Documents quarterly fire drills
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has policies and procedures in place for reviewing emergency evacuation procedures with all residential clients and staff
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate number of fire exits
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has emergency evacuation diagrams posted in the hallways and in sleeping rooms

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has shelter windows free from outside release bars and debris
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Is free from combustible materials including basements, attached buildings and attics
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has an annual fire safety inspection on file
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has adequate first aid supplies available and accessible
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Staff receive first aid training with annual course updates
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has policies and procedures in place for administering prescription and over-the-counter medication
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has access to phone and emergency numbers at all times free of charge
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Maintains a daily log which includes the name, age, sex and client number for all shelter residents
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD	Has written procedures in place for staff which outline expectations for their interaction with clients including client empowerment theory, development of safety planning, housing location plan, review of the availability of DHS support, etc.



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## SECTION H. INTRODUCTION – CONTRACT REQUIREMENTS

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### 1. Summary of Standards

This section presents standards that encompass the basic requirements the organization has relative to the contract between the organization and the state of Michigan's Department of Human Services (DHS). Compliance with these standards will help ensure that an organization with which the DHS contracts

- A. Understands the requirements of the contract; and
- B. Adheres to the requirement of the contract.

### 2. Basic Considerations

These standards emphasize legal and contractual issues specifically identified in the contract that the organization is required to meet. These standards are not inclusive of all of the compliance requirements under the contract. It should be noted that the contract contains an over-arching provision that specifies that compliance to the Michigan Domestic Violence Prevention and Treatment Board adopted Quality Assurance Standards is required.

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## SECTION H. THE STANDARDS – CONTRACT REQUIREMENTS

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### Mandatory Standards

- \_\_\_\_\_ 1. The organization is legally authorized to contract.
- \_\_\_\_\_ 2. The organization does not accept reimbursement from clients unless their grant specifically authorizes them to do so.
- \_\_\_\_\_ 3. The organization submits accurate reports in the manner and at the time they are due.
- \_\_\_\_\_ 4. The organization retains all books, records or other documents relevant to their contract for six years after final payment.
- \_\_\_\_\_ 5. The organization provides and maintains public liability insurance in such amounts as necessary to cover all claims which may arise.
- \_\_\_\_\_ 6. The organization provides unemployment compensation coverage and worker's compensation insurance in accordance with applicable federal and state laws.
- \_\_\_\_\_ 7. The organization complies with civil rights laws including Public Act 452 of 1976, Section 209, Public Act 220 of 1976, Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 194, Americans with Disabilities Act of 1990 (ADA), P.L. 101-3367, 104 Stat 328.
- \_\_\_\_\_ 8. The organization seeks approval prior to publication or distribution of written and visual materials or other work products developed in connection with, or utilizing staff supported with, each contract.
- \_\_\_\_\_ 9. The organization informs all applicants or recipients of service of their right to a fair hearing in the event of denial, reduction, or termination of a service or the organization's failure to act upon a request for service within a reasonable period of time.
- \_\_\_\_\_ 10. The organization restricts the use or disclosure of information concerning services, applicants or recipients obtained in connection with the performance of the contracts for purposes which provide benefits to clients. The client is informed of any request for information and signs a consent before the information is made available.
- \_\_\_\_\_ 11. The organization provides all of the services required in the contract. These services include but are not limited to, emergency shelter; 24 hour sexual assault and/or domestic violence hotline; crisis, support and group counseling; advocacy; and other support services.
- \_\_\_\_\_ 12. The organization's services comply with the Michigan Domestic Violence Prevention and Treatment Board's program philosophy.
- \_\_\_\_\_ 13. The organization serves the entire geographic service area stipulated in their contract.

## TEAM MEMBER WORKSHEET

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### SECTION H. SUPPORTING DOCUMENTS – CONTRACT REQUIREMENTS

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1. Evidence of non-profit status.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
2. Articles of Incorporation.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
3. Minutes or by-laws which indicate who is authorized to sign contracts.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
4. Financial and client information reports submitted to the DHS in the last year.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
5. Records retention policy.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
6. Proof of liability insurance which includes the amount of coverage.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
7. Proof of workers compensation and unemployment insurance coverage.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
8. Written non-discrimination and affirmative action policies.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
9. Written client rights policy and client grievance procedures.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
10. Written complaints from applicants or recipients of service and any written responses.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
11. Written confidentiality policy and release of information forms.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present
12. Written policy regarding referral to outside counseling service when necessary or requested.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION H. DESCRIPTIVE NARRATIVE RESPONSE – CONTRACT REQUIREMENTS

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1. Does the organization charge fees for service?
2. Are the organization's contract required reports accurate and submitted on time?
3. How many years' books and records has the organization retained and where are they stored?
4. Has the organization received any complaints of discrimination from anyone in a protected class under the laws of the United States or the State of Michigan?
  - How did the agency handle the complaint?
5. How does the composition of the staff reflect the ethnic makeup of the community?
6. Has the organization published or distributed any written/visual material or other work product developed in connection with the contract?
  - If yes, was prior approval sought?
7. What is the process for informing applicants or recipients of service of their right to a fair hearing if they are denied service or if service is reduced or terminated, or if the organization failed to act upon a request for service within a reasonable period of time?
8. What is the organization's procedure for the release of client information?
  - Does the organization require the client sign a release before information is released?
  - How do you communicate to your staff that discussion with unauthorized persons, either during or after working hours, information about individual clients learned through their employment, is a breach of confidentiality?
9. Are you contracted to provide services in more than one county?
  - Describe how you provide services in those counties outside the county in which your primary office and/or shelter is located.
10. Describe how the 24hour hotline works.
  - Is access always immediately available to those who call?
  - Is there ever a circumstance where the caller might have to make more than one attempt to get through?

11. Is emergency shelter staffed and accessible 24 hours a day, 365 days a year?
- Have you closed your shelter for any reason over the past year?
  - If so, why?
12. What is the anticipated outcome for clients who are provided crisis, support and/or group counseling?
- How often do you offer group counseling?
  - What counseling opportunities are available for non-residents?
  - Where are counseling appointments located?
13. Describe how you meet contract requirements for provision of support services--health care, legal assistance, housing assistance, financial assistance, transportation assistance, child care/children's services and systems change in *each* county in your agency's geographic service area.

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## SECTION I. THE STANDARDS – TRANSITIONAL SUPPORTIVE HOUSING

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### 1. Summary of Standards

This section presents standards that encompass the basic requirements the organization has relative to the contract between the organization and the state of Michigan's Department of Human Services (DHS). Compliance with these standards will help ensure that an organization with which the DHS contracts

1. Understands the requirements of the contract; and
2. Adheres to the requirement of the contract.

### 2. Basic Considerations

These standards emphasize legal and contractual issues specifically identified in the contract that the organization is required to meet. These standards are not inclusive of all of the compliance requirements under the contract. It should be noted that the contract contains an over-arching provision that specifies that compliance to the Michigan Domestic Violence Prevention and Treatment Board adopted Quality Assurance Standards is required.

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## SECTION I. THE STANDARDS – TRANSITIONAL SUPPORTIVE HOUSING

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### Mandatory Standards

- \_\_\_\_\_ 1. The TSH program provides safe, single family occupancy units, coupled with supportive services, which are available to domestic violence survivors and their children for not less than 24 months.
- \_\_\_\_\_ 2. Appropriate supportive services are available but not mandatory for TSH service participants and their children.
- \_\_\_\_\_ 3. The TSH program goals, objectives, and plans i.e. strategies to achieve its goals and objectives, are consistent with the organization's mission.
- \_\_\_\_\_ 4. TSH services are culturally appropriate.
- \_\_\_\_\_ 5. TSH program policies stress non-violence, are service participant centered, and fair, i.e. just, reasonable, unbiased, and balanced.
- \_\_\_\_\_ 6. TSH services and policy implementation respect the autonomy and rights of service participants.
- \_\_\_\_\_ 7. The TSH program has written policies that address the following:
  - Confidentiality
  - Eligibility requirements
    - Survivors of domestic violence
    - TANF income
    - Dependent children
  - Domestic violence vs. non-domestic violence service participants, if applicable
  - MDVPTB funded vs. non-MDVPTB funded TSH program expectations, if applicable
  - Application process
  - Program admittance
  - Lease agreements
  - Rent requirements
  - Program terms and conditions
  - Health, safety, and security inspections
  - Escrow accounts, if applicable
  - Service termination
  - Access to supportive services once service participants are no longer in the TSH program
- \_\_\_\_\_ 8. The organization uses designated personnel to implement policies and procedures for the TSH program.

- \_\_\_\_\_9. There is regular evaluation of the services and administration of the TSH program.
- \_\_\_\_\_10. Evaluation of TSH program services includes service participants' feedback and assesses which services to offer.

### **Best Practices**

- \_\_\_\_\_11. The organization maintains an advisory group that meets on a regular basis to assist the program. This group includes former and/or current service participants that represent a broad base of knowledge and experience.
- \_\_\_\_\_12. The organization takes a leadership role in the local community to identify and address long-term housing needs of survivors of domestic violence, including children..



## TEAM MEMBER WORKSHEET

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### SECTION I. SUPPORTING DOCUMENTATION – TRANSITIONAL SUPPORTIVE HOUSING

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1. Rental and/or lease agreements with TSH landlords and/or TSH service participants, if applicable.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

2. Written goals, objectives, and plans specific to TSH program.  
☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

3. Written policies related to:

Confidentiality:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Eligibility requirements:

- Survivors of domestic violence
- TANF income guidelines
- Dependent children (or pregnant)

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Application process:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Criteria for program admittance:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Expectations for domestic violence vs. non-domestic violence service participation, if applicable:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Program terms and conditions:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Termination of services, both voluntary and non-voluntary:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Access to supportive services after leaving the TSH program:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Rent requirements and payment process:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Lease agreements:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

~ All “Exceeds Standard”, “Partially Meets Standard”, and “Does Not Meet Standard” ratings require comments. ~

Escrow and/or savings accounts, if applicable:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

Health, safety, and security inspections:

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

4. Evidence of offering non-mandatory supportive services to all TSH participants.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

5. Evidence that designated personnel are providing services to TSH participants.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

6. Documentation in case notes of services provided.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

7. Statistical reports identify numbers served and level of service provided.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

8. Documentation of evaluation of administration and service delivery.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

9. Evidence of using service participants' feedback in evaluation process.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

10. Documentation of advisory group meetings, if applicable.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

11. Evidence of participation in community groups addressing long-term housing needs.

☐ Present/Outstanding   ☐ Present/Adequate   ☐ Present/Not Adequate   ☐ Not Present

## TEAM MEMBER WORKSHEET

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### SECTION I. DESCRIPTIVE NARRATIVE RESPONSE - TRANSITIONAL SUPPORTIVE HOUSING

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1. What is the status of the TSH units?

- How many TSH units are there?
- What is the location of the units?
- How are potential TSH units identified
- Are the units rented, leased, or owned by the organization?
- What arrangements/agreements are made with landlords?
- What is the process for negotiating these agreements?
- How are the agreements documented?

2. What is the process for becoming a TSH service participant?

- How are survivors made aware of the TSH program?
- What is the application process?
- Are potential participants given written TSH eligibility guidelines?
- Are potential participants given written TSH program expectations related to rental arrangements, upkeep of the property, any prohibited activities, and/or grounds for termination?

- What is the admission process?
  - Who makes the admission decisions?
3. Are supportive services offered to TSH participants?
- What services are offered?
  - Are services non-mandatory?
  - Do TSH staff stay in contact with TSH participants when they are not using any supportive services? How?
  - Is the offering of supportive services and their use or non-use documented? How?
4. Does the TSH program have written goals, objectives, and plans, i.e. strategies to achieve its goals and objectives?
- Do they reflect the MDVPTB mission and philosophy?
  - Do they contain sufficient detail?
  - Do they include time lines?
  - Do they include who is responsible for specific action items?
  - Do they include an evaluation process? If so, how is it done?
  - Do they include a review process? If so, how is it done?

5-8. Does the TSH program have written policies that address the following:

- Confidentiality?
- Eligibility requirements?
- Survivors of domestic violence?
- TANF income guidelines?
- Dependent children (or pregnant)?
- Application process?
- Criteria for program admittance?
- Expectations for domestic violence vs. non-domestic violence service participants, if applicable?
- Expectations for MDVPTB funded vs. non-MDVPTB funded service delivery, if applicable?
- Program terms and conditions?
- Termination of service, both voluntary and non-voluntary?
- Access to supportive services after leaving the TSH program?
- Rent requirements and payment process?
- Lease agreements?
- Escrow accounts, if applicable?
- Health, safety, and security inspections?
- Are the policies clearly written for ease of understanding?
- Are applicable policies made available to participants?
- Is there a process for reviewing policies on a regular basis and for revisions, if needed?
- What is the review and/or revision process? Who is responsible? How is this documented?
- Are the policies participant-centered?
- Reflect respect for their autonomy and rights?

- Are fair, i.e., just, reasonable, unbiased, and balanced?
- Are culturally appropriate?

What staff are designated to administer and provide services for the TSH program?

- Are they MDVPTB funded?
- What are their titles and functions?
- What is the ratio of staff to participants?
- Do any TSH-funded staff provide services to non-TSH participants? If so, what services?

9-10. Is the TSH administration and service delivery evaluated?

- How is the evaluation done?
- Who is responsible for the evaluation?
- Is service participants' feedback used in the evaluation?
- How is the evaluation documented?
- What is done with the evaluations, e.g., changes in services offered, changes in how services are implemented, changes in staff activities?

11. Is there a TSH advisory group?

- Who is on the advisory group, e.g., landlords, bankers, other non-profit service providers?
- Are former and/or current service participants on the advisory group?
- How are potential advisory group members identified?

- What is the purpose of the group?
  - How often does the group meet?
  - What is a typical agenda?
  - Are there minutes of the meetings?
  - What are some activities and/or outcomes from the group?
12. Does the organization participate in community groups which are addressing long-term housing needs, including those of domestic violence survivors and their children?
- What specific groups?
  - What is the degree of the organization's participation in these groups?
  - What are the goals of these groups?
  - What projects have resulted from the activities of these groups?